

1308: REDUCING COMPLICATIONS FOLLOWING GOLD WEIGHT INSERTION FOR FACIAL PALSY

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Introduction: Gold weight implants are a quick and effective intervention to address incomplete eyelid closure in patients with facial palsy. However they are not without risk, including extrusion and migration. Our aim was to review our own complications with gold weights in a specialist centre setting, and compare to different techniques described in the literature.

Methods: Theatre records, implant registry and consultant logbooks were to identify patients who underwent gold weight insertion with documented follow-up between 2004 and 2011. The occurrence extrusion and migration was studied.

Results: In 44 patients (mean age 59 years), who underwent 58 gold weight insertions, there were 3 (5.2%) extrusions and 10 (17.2%) migrations. The 3 extrusions occurred at a mean of 572 days postoperatively; all elected against further implantation. Nine patients experienced 10 episodes of migration; all except one underwent replacement or repositioning of the weight. A statistically significant reduction in complications resulted, if the weight was secured to the tarsal plate ($p=0.0460$).

Conclusions: Our review highlights the problem of migration and the lack of agreement as to the best method for reducing this. The simple technique used to secure the weight to the tarsal plate compares favourably with other methods when considering overall patient morbidity.

1320: HAND TRAUMA: A PROSPECTIVE STUDY OF ITS EPIDEMIOLOGY, INFECTION RATES AND FUNCTIONAL OUTCOMES WITH CONSIDERATION OF THE ROLE OF EARLY HAND THERAPY AND PROPHYLACTIC ANTIBIOTICS

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Introduction: Hand trauma accounts for 20% of A&E attendances. Effective treatment aims to swiftly achieve return of function. We review the epidemiology of hand trauma presenting to a major unit and assess infection rates and functional outcomes.

Methods: 101 consecutive patients with hand injuries were followed up for one month post injury. Data were prospectively collected: demographics, injury details, management, infection rate and functional outcome (measured using the short Michigan Hand Questionnaire, MHQ).

Results: Hand trauma predominantly affected young males in employment (73% male, median 36yrs, 95% employed). 60% of cases involved the dominant hand. 50% of cases required surgery. Overall 30-day infection rate was 7%. This was much higher (22%) when prophylactic antibiotics were not administered for open injuries. Median MHQ score was 3.83/5 ('good') at 30-days post treatment, though function was improved in patients who received early hand therapy (<7days). Median time for return to work was 20 days.

Conclusions: Hand trauma predominantly affects the young working population causing significant disability and loss of productivity. Our study suggests that prophylactic antibiotics may reduce infective complications and early hand therapy plays an important role in improved functional outcomes. A higher-powered study is recommended to confirm these findings.

1347: A LITERATURE REVIEW OF THE RISK OF VENOUS THROMBOEMBOLISM AND THROMBOPROPHYLAXIS IN PATIENTS UNDERGOING MICROSURGICAL BREAST RECONSTRUCTION

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Introduction: The aims of this literature review were to assess the risk of venous thromboembolism (VTE) in patients undergoing microsurgical breast reconstruction (MBS); the risk factors associated with the development of these events and whether clear guidelines exist regarding thromboprophylaxis in this patient population.

Methods: A multi-literature review was conducted. Initially several studies were identified through a comprehensive literature search. The highest level of evidence was sought for. Overall, the main evidence encountered were retrospective observational studies, two-armed studies being unethically feasible.

Results: Previous studies have indicated that VTE rates are approximately 0–6%. Risk factors for VTE in this patient population are well established. Other surgical subspecialties with similar VTE rates (e.g. gynaecological surgery), advocate prolonged peri-operative thromboprophylaxis. Despite attempts at VTE risk stratification, no such universal changes to thromboprophylaxis have yet been adopted in MBS.

Conclusions: The reviewed literature highlighted the significant risk of VTE in patients undergoing microsurgical breast reconstruction. Furthermore, thromboprophylaxis regimens vary considerably between institutions. A standardised and exclusive approach to thromboprophylaxis should be considered in this patient population.

Surgical training and education**0019: VALUES-BASED PRACTICE IN SURGERY: A NEW APPROACH TO SURGICAL DECISION-MAKING**

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Introduction: When making a clinical decision, many different values may be involved: the patient's, their relatives', the clinician's, society's or the Trust's. However, how often do clinicians ask patients, 'What is important to you?'? We assume we know what our patients want but it isn't always as simple as we think. Values-based practice (VBP) can help to improve our skills for working with values alongside evidence in clinical decision-making.

Methods: We set up a series of seminars, open to consultants, trainees, multidisciplinary staff and patients to introduce the concept of VBP in Surgery for the first time. Through exercises, we showed attendees that values are deeply personal and vary to a surprising degree, even amongst clinicians. Applying this to case studies showed the importance of recognising this in our clinical practice. Feedback from attendees was universally positive.

Conclusions: We would like to expand the VBP message from its current regional status to a national one, and the ASiT 2014 Conference would offer us the opportunity to invite the next generation of surgeons to ask their patients, 'What is important to you?' - and perhaps to be surprised by the answer.

0040: TRACHEOSTOMIES AND LARYNGECTOMIES: ARE JUNIOR DOCTORS CONFIDENT AT MANAGING THESE IN AN EMERGENCY?

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Introduction: This survey sought to establish the level of junior doctors' knowledge in distinguishing between a tracheostomy and a laryngectomy, the management of such patients in an emergency, and to assess the need for further training.

Methods: Thirty-six junior doctors (11 Foundation year 1s, 16 Foundation year 2s and 9 junior doctors in other posts) within one Foundation Trust were invited to complete a survey to establish their knowledge of anatomical differences between a tracheostomy and laryngectomy, and the correct route of oxygen delivery in an emergency. Respondents were also asked if they felt they had received sufficient training in this area.

Results: There was an obvious lack of confidence amongst junior doctors with only 31% able to describe the anatomical difference. 75% wrongly identified the correct route of emergency oxygen administration in laryngectomy patients; 61% wrongly identified the route of emergency oxygen administration in tracheostomy patients. 97% did not think they had received sufficient training, despite all doctors having completed a life support course.

Conclusions: Our results indicated that our respondents had a poor level of understanding regarding the differentiation and management of patients with tracheostomies and laryngectomies. This demonstrates a clear need for additional training in this area.

0047: THE PATH TO A MICHELIN STAR; HOW DOES AN EXPERT CHEF'S PERCEPTION OF THE JOURNEY ILLUMINATE THE DEVELOPMENT OF EXPERTISE IN MODERN PLASTIC SURGICAL TRAINING?

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Introduction: The acquisition of expertise is a complex phenomenon. This study aims to understand the acquisition of expertise by comparing the